

Neonatal / Air Medical Protocol Summary (NAMPS)

Section F of Specialty Care and Air Vehicle Inspection Report

Name of Program:

Program Coordinator:

Phone Number:

Medical Director:

Phone Number:

Type of Vehicle: ☐ Air Vehicle ☐ Neonatal Vehicle

Check Level of Service: ☐ EMT-Paramedic ☐ Specialty Care Transport (SCT)

This document has been developed to expedite the permitting and compliance process. A separate document should be completed for each type of vehicle operated in the program. This document must be reviewed and updated as changes occur or at a minimum on an annual basis.

Definitions:

- Air vehicles include any vehicle designed to transport patients by air (rotary wing and fixed wing aircraft).
- Neonatal Vehicles include any vehicle that its primary role is for transport of Neonatal patients.

General Information:

To receive a vehicle permit, Air Medical Transport vehicles and designated Neonatal Transport vehicles must carry equipment and medications specific to each mission. This document has been developed to outline the minimal equipment and medications required by the program Medical Director to be carried on each vehicle, as defined by the OEMS approved protocols.

The "North Carolina College of Emergency Physician: Standards for Medical Oversight and Data Collection" document outlines the equipment and medications required for a Specialty Care Transport program. Even though those items are not required on every response for Air and Neonatal vehicles, they are indicated in this document with an "S" and are referenced to give the Medical Director guidance when establishing minimal requirements for Air Transport or Neonatal Transport vehicles. The inspector will utilize this document in conjunction with the appropriate Vehicle Inspection Report.

Before implementation of an initial program or changes to equipment and medications list, this document must be submitted and approved by the OEMS.

Instructions:

In the space provided, indicate the minimal quantity and/or dosage to be carried on the vehicle. Items not required should be left blank or "n/a" placed in the quantity and dosage field.

I, as Medical Director have reviewed this form and approve its content as submitted. Any amounts less than what I have indicated shall result in an unsatisfactory rating and may be considered sufficient grounds for refusal of the permit by the inspector. The decision to refuse permitting of the vehicle shall be made following consultation with the inspector.

Medical Directors Name:

Medical Director Signature

Date

For Official Use Only

Date received by Regional Office: _____

Forward to State Medical Director: _____

Approved: ____ Yes ____ No

Date Approved: _____

State MD Initials: _____

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Ventilation and Airway Equipment

Quantity / Total Dosage	Supplies	Required Per NCCEP
	Bag Valve Mask, adult	S
	Bag Value Mask, Pediatric	S
	Bulb Syringe	S
	BIAD, Adult	S
	BIAD, Pediatric	
	Cricothyriodotomy (surgical) equipment	S
	Endotracheal tubes, adult sizes	S
	Endotracheal Tubes, pediatric sizes	S
	Stylette for Endotracheal tubes	S
	ETCO2 monitors or other ETT placement device	S
	Laryngoscope blades, adult sizes	S
	Laryngoscope blades, pediatric sizes	S
	Laryngoscope handle w/extra batteries, bulbs	S
	Mcgill forceps or equivalent	S
	Nasal cannula for Oxygen delivery, adult	S
	Nasal cannula for Oxygen delivery, pediatric	
	Nasopharyngeal airways	S
	Nebulizer	S
	Orpharyngeal airways (1/Broselow tape color & adult)	S
	Oxygen Mask, adult	S
	Oxygen Mask, pediatric	S
	Oxygen Tubing	S
	Portable O2 w/variable flow regulator	S
	Respirator	
	Portable Suction apparatus	S
	Suction catheters, adult	S
	Suction catheters, pediatric	S
	Rigid suction device, yankauer	S
	Ventilator (Pressure or Volume based with PeeP)	S
	Wide-bore suction tubing	S

Monitoring and Defibrillation

	Automatic External Defibrillator	
	End tidal CO2 (ETCO2) monitoring, continuous	
	Pacemaker – External	S
	Pacemaker – Transvenous	S
	Monitor with 12 lead EKG	S
	Monitor/defib. w/electrodes & pads	S
	Pulse Oximeter	S

Immobilization

	C-collars, Adult size	S
	C-collars, pediatric size	S
	CPR Board	
	Femur traction device, Adult	S
	Head Immobilization device	S
	Pneumatic Anti-shock Garment (MAST)	
	Backboards, short	S
	Backboards, long	S
	Spinal Immobilization & extrication device, adult	S
	Spinal Immobilization & extrication device, Pedi	S
	Upper & lower extremity immob. devices (splints)	S

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	Small, medium and large or equivalent air splints	
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Quantity / Packaging	Supply	Required Per NCCEP
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Bandages

	Burn supplies (indicate supplies)	S
	Cold packs	S
	Sterile Dressings (indicate size)	S
	Sterile Gauze rolls (indicate size)	S
	Medical tape (indicate size)	S
	Occlusive dressings (indicate size)	S
	Sterile Saline solution for irrigation (indicate size)	S

Medication Administration

	Alcohol preps	S
	Intraosseous needles	S
	IV administration sets (indicate sizes)	S
	IV arm boards	S
	IV catheters (indicate sizes include pedi)	S
	IV pole/hook	S
	Tourniquet	S

Obstetrical

	Sterile OB kit, scissors, bulb suction, cord clamps	S
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Miscellaneous

	Bedpan	S
	Urinal	S
	Broselow Tape or equivalent	S
	Emesis basins or seal able emesis container	S
	Lubricating jelly	S
	Nasogastric tubes (indicate sizes)	S
	Pillowcase, sheets, towels	S
	Nonporous pillows	
	Aneriod or Electronic BP cuff, adult	S
	Aneriod or Electronic BP cuff, child	S
	Aneriod or Electronic BP cuff, infant	S
	Stair chair / folding stretcher	S
	Stethoscope	S
	Thermometer with low temperature capability	S
	Triage tags	S
	Heavy duty scissors	S
	Thermal blanket or other heat conserving device	S
	Patient Area Lighting	

Infection Control

	Disinfectant hand wash	S
	Disinfectant solution for cleaning equipment	S
	Disposable biohazard trash bags	S
	Masks	S
	Jumpsuits or gown	S
	Eye protection	S
	Sharps container	S
	Shoe Covers	S
	Gloves, Non-sterile (indicate sizes)	S
	Latex Allergy Kit (if not using latex free equip.)	S
	Latex free gloves (indicate sizes)	S

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Medications

Quantity / Packaging	Supply	Required Per NCCEP
	Acetaminophen	
	Adenosine “Adenocard”	S
	Adult diphtheria-tetanus toxoid	
	Albuterol (Beta-agonists) “Ventolin”	S
	Aminophylline	
	Amiodarone	S
	Aspirin “ASA”	S
	Atropine	S
	Bretylium “Bretylol”	
	Calcium Chloride/gluconate	S
	Charcoal	
	Clonidine	
	Cyanide poisoning antidote kit	
	Diazepam “Valium”	S
	Digoxin	
	Diphenhydramine “Benadryl”	S
	Dobutamine “Dobutrex”	S
	Dopamine “Intropin”	S
	Epinephrine	S
	Etomidate	
	Flumazenil “Romazicon”	
	Furosemide “Lasix”	S
	Glucagon	S
	Heparin	
	Insulin	
	Ipratropium	
	Isoproterenol	
	Lidocaine “Xylocaine”	S
	Lorazepam “Ativan”	
	Magnesium sulfate	S
	Mannitol	
	Methylene blue	
	Midazolam “Versed”	S
	Milrinone	
	Nasal Spray Decongestant	S
	Nitroglycerin	S
	Nitroprusside “Nipride”	S
	Nitrous oxide “Nitronox”	
	Norepinephrine	
	Oxygen	S
	Oxytocin “Pitocin”	S
	Phenobarbital “Luminal”	
	Potassium chloride	
	Pralidoxime	
	Procainamide “Pronestyl”	S
	Procaine	
	Proparacaine	
	Sodium bicarbonate	S
	Thiamine	
	Vasopressin	

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	Quantity / Packaging	Supply	Required Per NCCEP
ACE Inhibitors			
Antibiotics			
			S
Anti-emetics			
			S
Beta Blockers			
			S
Calcium Channel Blockers			
Crystalloid Solutions (Indicate type and size)			
			S
Glucose Solutions			
Histamine 2 Blockers			
Immunizations			
Narcotic Analgesics			
			S
Narcotic Antagonists			
			S
Non-Prescription products			

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	Quantity / Packaging	Supply	Required Per NCCEP
Non-steroidal Anti-inflammatory			
			S
Paralytic Agents			
			S
Phenothiazine			
			S
Phenytoin Derivatives			
Plasma Protein Fraction			
Platelet G-II/IIIa Inhibitors			
Steroid Preparations			
			S
Thrombolytic Agents			
			S
Total Parenteral Nutrition			
Whole Blood Components			
Other			